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Treatment Request and Record										
Requested By	Patient Status Rx. Ordered									
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of the apply TAO up op										
draining	Date of Surgery									
	Progress Notes									
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Ler' First, Middle)	Age ID No.									
Request and Record	NC054 .									

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EMERGENCY/ (OTHER)	TREATMENT R	ECORD	
(OTHER)	1 .		
DATE TIME FACILITY TO	h h	GEMER	RGENCY
SIR OPDL OE	SCAPEE D		THER
	CONDITION ON ADMISSION		
ALLERGIES NAME OF THE PROPERTY	□ GOOD □ FAIR □ POOR		
VITAL SIGNS: TEMP 977 ORAL RESP. 20	PULSE	PECHECK SYSTOLIC	
W4 146		<100 > 50 SURN XX FRACTURE Z FRACTURE Z	LACERATION/
NATURE OF INJURY OR ILLNESS	ABRASION/// CONTUSION # E	XX PHACTURE Z	SUTURES
(S)- My Spider nite most	O'		
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(O) Presents a raised area in	k ° - :∕	((= <u>y</u> =y
Control Chest that is		بر	IM.
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selles contin. State Re] / \	1 17	XX \ \
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BHYSICAL EXAMINATION		411	X 112
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		<i>)</i> }	} \
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ORDERS, MEDICATION, etc.			
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DIAGNOSIS			
INSTRUCTIONS TO PATIENT			
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RELEASE/TRANSFER DATE TIME RELEASE/TRANSFER	□ AMBULANCE □ S		POOR CRITICAL
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNAT		NSULTATION D	OTHER DESIGNATIONS
1 2 2 2 Klo3 Clothely all	11.10		
PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIF	TH R/S	AIS#
Beerd Courtney	21	Son	20895/

DEPA TMENT OF CORRECTIONS EMERGENCY/ (OTHER) TREATMENT RECORD

	DATE TIME	FACILITY	(hD		☐-EMÉRGENCY	
	11012 7357m AM	SIR PDL ES	SCAPEE D		□ OTHER	
	11165 1 1911		CONDITION ON ADMISS	ION		7
	ALLERGIES NKA		1		K DHEMORRHAGE DCOMA	,
	VIIAL OIGING: ILM LINE	ESP/ 8	PULSE 60 B	110,70	RECHECK IF SYSTOLIC	-
	NATURE OF INJURY OR ILLNESS	0230	ABRASIONIII CONTUSIO	DN# BURN XX F	BACTURE Z LACERATION/	1
6	1 Plane a son	Du hot	/	xx	Z SUTURES	+
((5) Stylene to spee	eer our				
6	(1) A los & + Misantes	183-	()		(=,-=)	
((Skin Wid to tough	- ARRRR			J. T.	
	Show bitten X20	Korers)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \)		
	has agridy I can a	codomo O	/		1 KRY	
	ara 310 drainas	ze now				\downarrow
	PHYSICAL EXAMINATION		1)(/, 1,)) (1//~//\t	
	Clo vain rodiation	6 60	Gull 1	lw ?		>
	leop-Walkel	Sive to	1 " / / /			ļ
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	notes chart clea	140	1 ()()			
//	A Constitution	On Am)	1)/),(
((Col exclusion	~ 10 logs		\		
	40 DOC POP-			5	and my	
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(D 1000000 610	11		<i>V</i>		_
		- 2	<u> </u>			\dashv
	(E) Fodo no	Scrate	en unoa	100 L) ;	\dashv
	(2) D = O	COMM !	Janace C	MAter)	\dashv
	A) Take	DO ONG	con on or	direc)	
	DIAGNOSIS					
	WATER OFFICE TO DATIFALT					-
	INSTRUCTIONS TO PATIENT See 6	Sove				
	1 2 DAM	RELEASE/TRANSFERR	□ AMBULANCE	☐ SATISFACT		
	1 1 1 1 03 12 (M)	PHYSICIAN'S SIGNATU	JRE DATE,	CONSULTATION	☐ CRITICAL	_
(17/02	- Cllsch co	1 . 1 . 1			
•	PATIENT'S NAME (LAST, FIRST, MIDDLE)		AGE DATE C	F BIRTH	R/S AIS#	
	2 hold, Courtne	1	21		19m 208429	لـــــ

DEFARTMENT OF CORRECTION _ TREATMENT RECORD

	DATE TIME FACILITY	6 EMERGENCY
	AM SIR OPDL OE	
	2/25/03 0= OPEND 1311 1100 100	
	ALLERGIES NJCA	CONDITION ON ADMISSION □ GOOD □ FAIR □ POOR □ SHOCK □ HEMORRHAGE □ COMA
	VITAL SIGNS: TEMP 989 ORAL RESP. 22.	PULSE QU BIP 122 170 RECHECK IF
	아는 14 년 NATURE OF INJURY OR ILLNESS	<100 > 50 xx Z LACERATION/
		ABRASION/// CONTUSION # BURN XX FRACTURE Z LACERATION/ SUTURES
(5) I was comers out of the	
	Vous lehraus Doot demas an	
•	1 1/10 10.10 0011	
	I fell down flow mig love	
	is herling me again,	
ļ	(0) Inmate presented to 4CU	1) mea. i -)
	heir carried his 2 other	1 Comment of the comm
	involates accommend hered his to	7 () () - () 1) 1 1 1
	PHYSICAL EXAMINATION	1)(/ 1 \)\\
	tuck. no tension goted to	14.11 × 11.21
	area of back indicated by	$\frac{1}{2}$ $\frac{1}$
	in the contract of the contrac	ree 1 / / / /
	inmace, comace 70 wer winds	
	to as ROM. from the waist	
	Spain, V/S WNL NO acute dist	ers / / /
	goted.	
	(alteration in company	
	(8) Kent complicate a met	To the time
	truel out to due one to all	a of compline X 3 a 15 cm
	ORDERS, MEDICATION, etc.	1 / 1 / 1 / 1 / 1
	Innall yofces immediale	relief & compress 40 mus
	diplines noted. I mall able to a	to full KOM. E left to right
	benefit from wast + forew	and + backward bending a menun
	40 Rain offerld, In mate will	be referred to to M.D. Do Luther A
	(E) Inmette que education	sheets on Back ache and
10	and all Silation and the Nov	las under tarchia relial process
THE S	Musica Square in the land	and for late the fraction
	DIAGNOSIS A CONTRACTOR OF THE	your follower
	40 back Day	,
	INSTRUCTIONS TO PATIENT	
	alou!	
	RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERRI	ED TO DOC CONDITION ON DISCHARGE
	2 125 103 9115 CM	☐ AMBULANCE ☑ SATISFACTORY ☐ POOR
	NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATUR	
	E Smither 2/25/03 XV fillscow	
	PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIRTH R/S AIS #
	Doud, ("DURITACES	21 BM 208921

DET ARTMENT OF CORRECTION TREATMENT RECORD

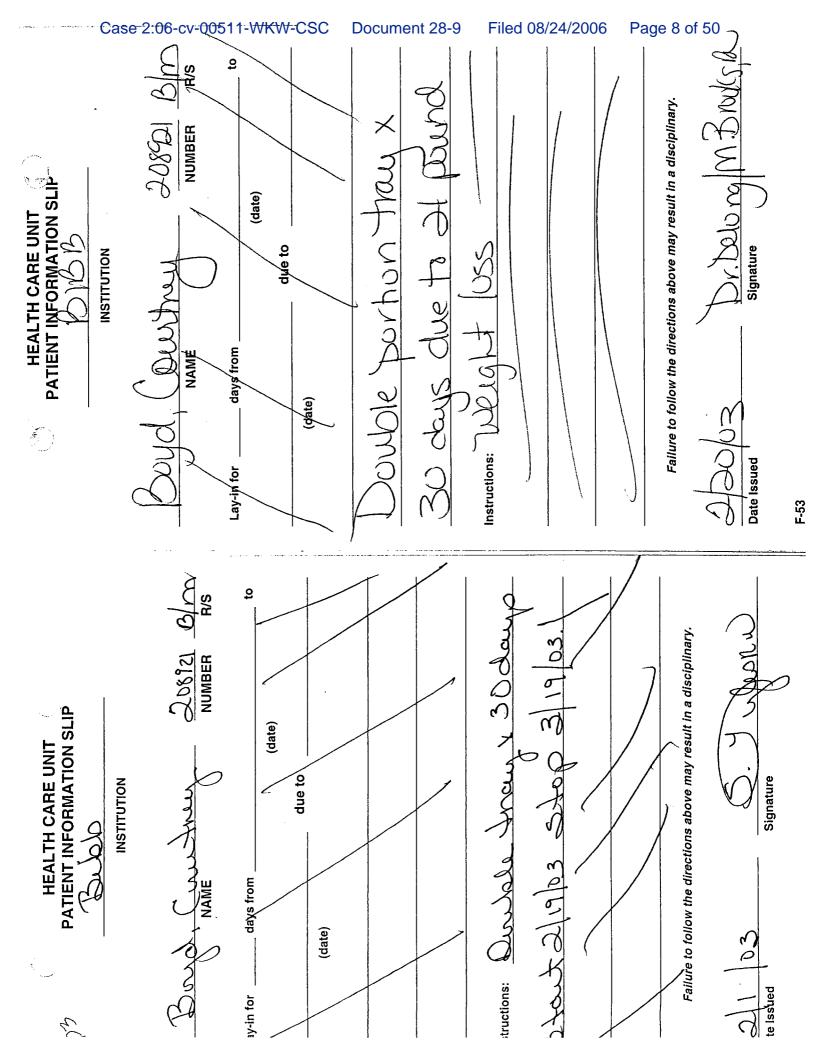
DATE TIME FACILITY DI	<u> </u>	D'ÉMERGENCY
2/25/03 /3/Bm SIR -PDL -ES	SCAPEE D	□ OTHER
1 (1)	CONDITION ON ADMISSION	J
ALLERGIES NAT	ØGOOD □ FAIR □ POO	DR DSHOCK DHEMORRHAGE COMA
VITAL SIGNS: TEMP 971 ORAL RESP. 18	PULSE <u>90</u> B/P.	110,76 RECHECK IF SYSTOLIC <100 > 50
NATURE OF INJURY OR ILLNESS	ABRASION/II CONTUSION	BURN XX FRACTURE Z LACERATION/
Back has pain shooting throne		xx Z SUTURES
it hangared state day ox		_
iell.	(, - ;)	
(6) about + oriented x3. Skin w/d		JA
to touch Besp even + unlabored		
AR RKRMath sounds agua		
TONO nales Over wheezing notes)
PHYSICAL EXAMINATION U/C-Species COMMOND		(
Weelk due to severe pour to	[4]	P 411 X 112
Modele back - belatered - No	m (//) m	w with
\$50x deformity of back-Q	47	
reduces of swelling you	140 taple 3 a	Variation (a)
a area indicated: ambellated	40 Jupie 3 de	(ssistance)
(A) alteration in Comport-) (
Deck fain		
(t) 15 gone - Ray		•
ORDERS, MEDICATION, etc.		
(EZWeim A	oupres to	nea 3-4 x daily
1 Y-Roen	as adlie	eQ
, of		
DIAGNOSIS		
INSTRUCTIONS TO PATIENT		
See about		
RELEASE/TRANSFERR	☐ AMBULANCE ☐	ONDITION ON DISCHARGE SATISFACTORY DOOR
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATU		FAIR CRITICAL ONSULTATION
Keller Has Wholsons	2/27/01	
PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF B	IRTH R/S AIS#
Good, Courtney	21	B/M 208921

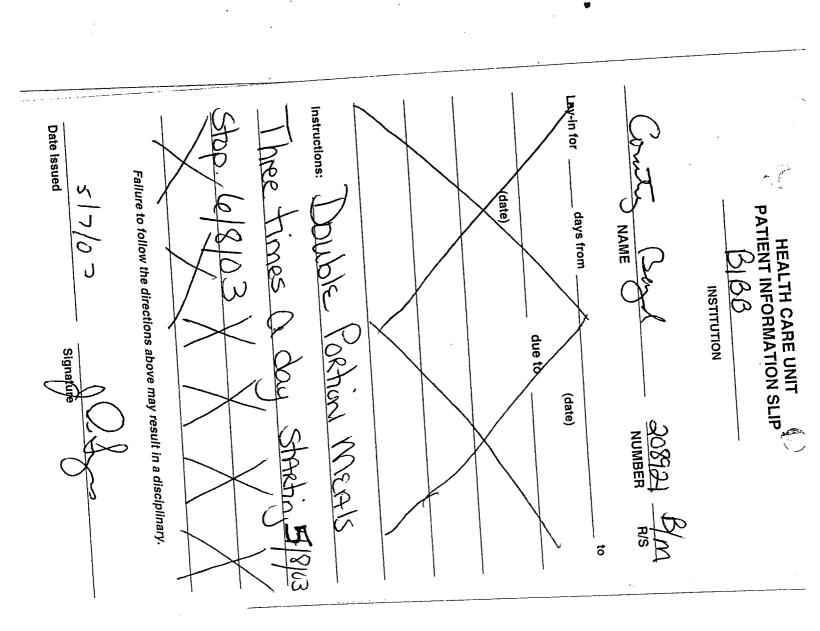
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ſ	DATE TIME FACILITY BIB	B	□ ÉMERGENCY
	2-24-03 8 PM SIR PDL DES		☐ OTHER
Ì	_ 2 2 9 0 0 1 1 1 1 1	CONDITION ON ADMISSION	
	ALLERGIES	· /	SHOCK HEMORRHAGE COMA
		<u> </u>	
- 1	VITAL SIGNS: TEMP 97 RECTAL RESP. 20	PULSE 72 B/P 110	
		r	<100 > 50
	NATURE OF INJURY OR ILLNESS	ABRASION/// CONTUSION # BL	JRN XX FRACTURE Z LACERATION/ XX SUTURES
(Z)	" I have the		^^] 2] 3010RES
	in my stomach. I feel light		
	un my Stomach. Defel light		
	headed."	\/	(-1,-1)
	10 0 - P - ++ 1		
0) as DX3. Breathing even andum		$(\cdot \cdot \cdot)$
	labored Skin warms dy. Odia-	1 /	
	shoresis moted. Eves equally		
	Promova sa a successive sa a s		
	PHYSICAL EXAMINATION		///n ~ \ \ \
		1/1/4/1/9	$\mathcal{L} \cup \mathcal{L} \cup $
	responsive to lighto Mon/V	Sul 1 lws	
	noted. aldomen soft and c/o	** / /	1000
	denderness. No distention noted.	4 / 1. 1	
			// (\
	BS present X4.		(1))
		\	
(q)	alt, in comfort.) () (
	V	1/5	<i>/</i>
a	Reder vacket to MD ito regrafuate		Euch Com
\mathcal{O}	meter yacker sorribeto surramato		
	ORDERS, MEDICATION, etc.		
	0-11/6 - 1-16 1+	ā	
	Prototol for indigestion read its	gumnace	
	V		
	Subjection addandum: In mat	's stated " I !	m oring to lall
	out id is don't not any to	In hint on a	Com Co W Up
	and the state of the state of the	M. Plan Cas o	1 1 walt
	out that door, is in going to	yall, then to	hat will won
	your	· · · · · · · · · · · · · · · · · · ·	
	DIAGNOSIS		i,
	INSTRUCTIONS TO PATIENT		
	7	<i>_</i> .	
	RELEASE/TRANSFER DATE TIME_ RELEASE/TRANSFERRE	ED TO DOC COND	ITION ON DISCHARGE
	2 124 103 5 3RAM C)	☐ AMBULANCE ☐ SAT	ISFACTORY ☐ POOR
}	NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATUR		ULTATION
	100 00 1 100 1	2/25/20 CONS	OLIVIOA
	1111 11 Wee JPN 12-24031 Whom CAM		
	PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIRTH	R/S AIS#
	Boud Countries	21	BIM 20891
1	LOVUI COULINUI		DITTAUDM

DE ARTMENT OF CORRECTIO . 3

	DATE TIME FACILITY BILL	3B	☐ EMERGENCY
	2-24-03 8 9 PM SIR OPDL OES	SCAPEE D	□ OTHER
	200	CONDITION ON ADMISSION	
	ALLERGIES NKA		□ SHOCK □ HEMORRHAGE □ COMA
	VITAL SIGNS: TEMP 974 PRAT RESP. 20	PULSE 72_ B/P 11	0180 RECHECK IF SYSTOLIC <100>50
	NATURE OF INJURY OR ILLNESS	ABRASION/// CONTUSION #	BURN XX FRACTURE_ Z LACERATION/
3	"I chart my back,"		xx Z SUTURES
	0		
0	In male found lying on	ال ال	knot (o.)
	ground un ingen of courtain		No.
	Respirations even, lungo clear	$ \lambda \lambda $	
	In laterally to sounds or auxal	() ()	
	Tation. Has a knot on the B PHYSICAL EXAMINATION)((I))(
	side of the head about the	I MAN V MAN	Twil / wit
	soon de to verbal stemuli.	11.	
	Gues emually, sospensure to		// (~ \
	list of the marche in a letter		
	Constant of the second	\ \ \ \.(
	to de la servicio	(1)	
(q)	stand to the assisted tow/c.		En land
	alt: un comfort.		•
İ	ORDERS, MEDICATION, etc.		
(a)		1 -1 1 /	
Ø	Tul unmate in PCD to le ev	aluated by &	J. Ocelong, Notify
	Du delong of unmater sla	ture Our, Wille	on a notified by shore
	per M. Brooks, R. B. H. Dat unabl	e to reach thy	sprene Immale left
	in HCU for observation, but us	exused to sta	4. VIS @ time of discharge
	dram BCU T970, P. 72, ROD, B/P 112	76,	U 3
(E)	I mmoto in courage to stavil	in Countil	and wated bum.
)	DIAGNOSIS	New Grand	Sacretine Control
	INSTRUCTIONS TO PATIENT		
	RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERRE	T AMBULANCE I D S	DITION ON DISCHARGE ATISFACTORY DPOOR
	2 / 2 4 / 03 / D PM 2 - 24-0 NURSE'S SIGNATURE DATE PHYSICIÁN'S SIGNATUR		AIR
		2/29/05	SOCIATION
	PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIR	TH R/S AIS#
	and the second s		
,	Bound, Courtney	21	B/M 208921

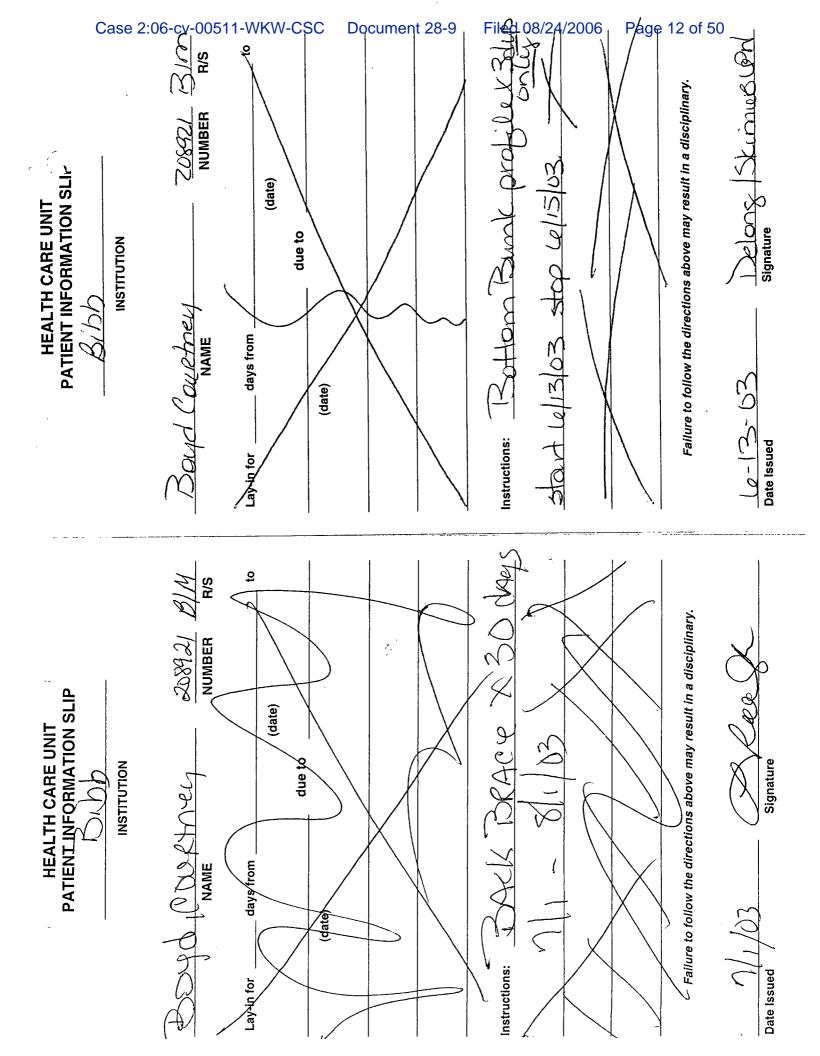




Case 2:06-cv-00511-WKW-CSC Document 28-9 Filed 08/24/2006 Page 10 of 50 D PARTMENT OF CORRECTIONS

DATE TIME FACILITY 1/	DD DEMERGENCY
PACIEIT	ESCAPEE O COMETE OTHER
ALLERGIES NICF	CONDITION ON ADMISSION GOOD FAIR POOR SHOCK HEMORRHAGE COMA
VITAL SIGNS: TEMP 983. ORAL RESP. 18	PULSE 92 B/P ///die8 RECHECK IF SYSTOLIC
NATURE OF INJURY OR ILLNESS	ABRASION/// CONTUSION # BURN XX FRACTURE Z LACERATION/ XX FRACTURE Z SUTURES
3) They shot me withsome,	
dix yestinday-when I went	$+$ \bigcirc \bigcirc
Since I come mile Mulman	
has been numb dizzy my eyes	
Tfeel like my B.P. is low-and the	
Ms D. Camaunin told me it uns toold	
10) A/DX.3. Resperentalm. Head.	Fland A low and A long
reg; hungs clear bild. larger 15	
Nor Look Slip color- unil WI	
to Jouch Tissue turger-good and.	
304 Inenditurded Brief sounds	
prosent & quads: 10 Hzw & Sund	Total State of Com
Les jollan commands à gord mojar 3	kills: Cap refill to rail heds-less than
ORDEAS, MEDICATION, etc. Secs. Kackial pulses- palpable ar	d trong, Pedal pelses - palpable.
To uskal Eclear speech Remains	coherent. Onsures questions appropriat
(A) Old in strology wing dio de	Dines I Ve slipt en faitallattlong.
(P) M), Review: advised that endo	scopy proformed an 6-12-03- and medic
guerathattime would cause di	eaging and lightheaded feeling also
DIAGNOSIS LALICE LANGERS (C	E) intructed to return 40 darm-to
115t-05 muchas possible; Report	to Kee for 1 replistres; highing
AM	RED TO 1200C GONDITION ON DISCHARGE BARBULANCE STATISFACTORY POOR BOR BA
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATU	TOPOF GRAIR CRITICAL X 3
Skinner MA	2 6/4/03
PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIRTH R/S AIS #
Doud Cleurtney	21 Rim 20921

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Request.	MUC	R	BC(ora			,										··							<u></u>	-	_	יא	
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n n Case 2:06-cv-00511-WKW-CSC Document 28-9 Filed 08/24/2006 Page 14 of 50 L_PARTMENT OF CORRECTIONS

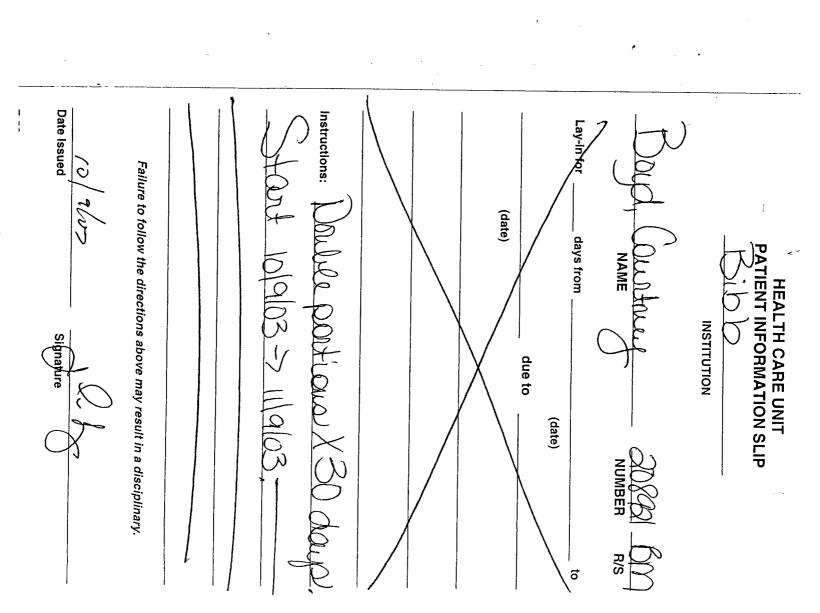
ſ	DATE TIME FACILITY	D-EMERGENCY
		SCAPEE OTHER
	ALLERGIES NEA	CONDITION ON ADMISSION GOOD FAIR POOR SHOCK HEMORRHAGE COMA
	VITAL SIGNS: TEMP 974. OBAL RESP.	PULSE/00 B/P /08/80 RECHECK IF SYSTOLIC <100 > 50
	NATURE OF INJURY OR ILLNESS	ABRASION/// CONTUSION # BURN XX FRACTURE Z LACERATION/ xx FRACTURE Z SUTURES
1	3) My preathing is backed up	
M	Darm is swoten and hurting	
	they back is hearting, and those	
	dizzy. I have heart problem	
	my heart starts pounding	$\frac{1}{\lambda}$
	then slowed doesn't then	
	PHYSICAL EXAMINATION	1)(/1//// /////
(D) DIOX 3. NO acuted istress Noted Heart - recreate - asical pulse 98:	The fall of the fa
	hurst chare bild. Sen color	
	wal; WiDtotouch Resperer	
	color, Edeltoid musures Din @mens	
	1134in: No deformations visualized in arm	
	Bilat equal prip- Cap refill las	
	than 35ers. Back brace intade	thistine; able to bend over; Not
	mobilety visualized 1910. Soft	Round: Bowel sounds present
	PENDIA: No CO DILLIONOS	steady gast Pulse 0325 88: 0294 Hinduncs: Nodianhoresis kugnais.
	TERICCI (110 TO TIME TO THE STEELS)	may the compression was.
	Pat in compet	
	8) MD review; advised to	
	DIAGNOSIS LICHT THE GREAT IND SUC	then movements; advised to take
	deep breathes and try Lorele INSTRUCTIONS TO PATIENT	a: continue back brace; advised
	NOT TO STYCING OR STYCHOLOU RELEASE/TRANSFER DATE TIME RELEASE/PRANSFER	
	RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERR	RED TO DOC CONDITION ON DISCHARGE AMBULANCE SATISFACTORY DOOR FAIR CRITICAL
}	NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATU	JRE DATE CONSULTATION
	PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIRTH R/S AIS#
	Bond Courtners	21 Bim 208921
,		D. YELLOW - TRANSFER AGENT

LE ARTMENT OF CORRECTIONS

	DATE TIME FACILITY Sib	b	EMERGENCY
	7 25/03 755 (AM) SIR PDL DES	SCAPER Innata	□ OTHER
,		CONDITION ON ADMISSION	
4	ALLERGIES NKM	GOOD FAIR POOR	□ SHOCK □ HEMORRHAGE □ COMA
χX	VITAL SIGNS: TEMP 98 RECTAL RESP. 70	PULSE	8 6 6 G RECHECK IF SYSTOLIC <100 > 50
37.	NATURE OF INJURY OR ILLNESS	ABRASION/// CONTUSION # BU	JRN XX FRACTURE Z LACERATION/
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		1 \	
	PHYSICAL EXAMINATION	1211717	
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_	Library Chatter		
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	sur cour son cape	1 ()()	
	hate state he does not		
	die K valer, & medical Diablens		
	noted a this time		Ew (m)
	nace (a los pares	·	
	ORDERS, MEDICATION, etc.	<u> </u>	
	A) alteration is confolis		121200
Į.	D) allement a composi-		
	\sim		
	(2) Instructed Ingrete to de	ink planto	of water.
	Jake Now doon brouth	d breath	Diablan
	DIAGNOSIS OCCEU.	U	1 paratro
	Sign orck call of not.	better	4
	INSTRUCTIONS TO PATIENT		
	RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERRE		ITION ON DISCHARGE
	7/25/03 85 PM		ISFACTORY POOR
	NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATUR		ULTATION
d	2 Smith (1/25/03 NJUS CM		
}	PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIRTH	
	Gord Courtney	2(13 M 208921

L PARTMENT OF CORRECTI IS GENCY/______ TREATMENT RECORD EMERGENCY/____

DATE FACILITY FACILITY	- CV)
7-2-03 (0 PM) OSIR OPDL OES	SCAPEE RINNOLL DOTHER
	CONDITION ON ADMISSION
ALLERGIES WY. 148	GOOD KAFAIR POOR SHOCK HEMORRHAGE COMA
a ca (ORAL)	PULSE 80 B/P 10 MO RECHECK IF
VITAL SIGNS: TEMP RECTAL RESP.	PULSE 0 B/P 10 / 10 SYSTOLIC
NATURE OF INJURY OR ILLNESS	ABRASION/// CONTUSION # BURN XX FRACTURE Z LACERATION/
	ABRASIONIII CONTUSION # BORN XX PRACTOREZ SUTURES
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rack by oficers! a t	
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PHYSICAL EXAMINATION , SI	
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your Joley - Kesperien	Dun / / and
dring a broad a didio de	
1) 25(1) (1) (2)	
2017 CO: 90 Jan 704	{
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(B) elbert & backy head,	
Wearen back blace.	
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ORDERS, MEDICATION, etc.	
ONDERS, MEDICATION, SIC.	
A: H-15 per DOC neg.	1001
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1, Evaluate by 1110	on 7/1/03: orders written
Itranscribe	
DIAGNOSIS	
INSTRUCTIONS TO PATIENT	
RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERRE	
NO 100 1020/ DAM	☐ AMBULANCE ☐ SATISFACTORY ☐ POOR
O 1 O 2 O O PM	☐ ☐ FAIR ☐ CRITICAL
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATUR	1 ()
Dulasilu I Jos Ju	7 8/83
PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIRTH B/S AIS #
Brad Christan	31 30892
11. May 1 Comprised	1011 101 101 101



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EMERGENCY/	TREATMENT RECORD
(OTHER)	

DATE TIME FACILITY	EMERGENCY
10-3-03 0835 AM OSIR OPDL OF	
ALLERGIES (\) KA	CONDITION ON ADMISSION
90 ORAL 10	GOOD FAIR POOR SHOCK HEMORRHAGE COMA
VITAL SIGNS: TEMP / O . / RECTAL RESP.	PULSE 40 B/P 20 180 SYSTOLIC
NATURE OF INJURY OR ILLNESS	ABRASION/// CONTUSION # BURN XX FRACTURE Z LACERATION/
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for about a week moin. It	
burts whose when I more	
arain	
PHYSICAL EXAMINATION) (/ 1 \) \
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COLON WILL. HIK MIGHTS, 452	
MOTTOL, THINGS CUGAR, KESPI.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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Diab Cap Pulling Cap Horn	
3 perondo 1. Dembulatorix	Con Com
moves 5 difficulty frances	
ORBERS, MEDICATION, etc.	3 diaphoresis or pallor motoda
1410 Lime, Loonica mamones	Ortholing to extremitien Louis
injury. Dother Ch Voiced. D	areste distress moted.
F- H.t. (M. COMJOT, P- 9111) 70	Review - E - Anot, to applied
WWW COID COMPROSION TO ARION	yor conjust and nature to
DIAGNOSIS OLITARIO OLITARIO DI ALIANO	(DOLONO O) (DOLONO). (NOO MSt.
diported.	I grom commissary + take as
INSTRUCTIONS TO RATIENT	
RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERRED	O TO DOC COMPITION ON DISSUITE
10 13 10300 PM	O TO □ DOC
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE	DATE CONSULTATION
BUTIENT'S NAME (LAST SIDE MIDDLE)	19/4/03
PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIRTH R/S AIS #
Boild Courtment	121 Bm 1308921

DE ARTMENT OF CORRECTIC 3

DATE C 2 TIME FACILITY DE	DEMERGENCY
	SCAPEE OX INMOLL DOTHER
ALLERGIES N. CA.	CONDITION ON ADMISSION GOOD STAIR POOR SHOCK HEMORRHAGE COMA
VITAL SIGNS: TEMP 98 ORAL RESP. 20	PULSE 82 B/P 101 70 RECHECK IF
NATURE OF INJURY OR ILLNESS	ABRASIONIII CONTUSION # BURN XX FRACTURE Z LACERATION/
S'" 1 Janana and Ilamah	SUTURES SUTURES
int mi charty pain through	
PHYSICAL EXAMINATION	1/(/1/////
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Kass anon show takench	
distingly, Soundring of allaho	
to allay h. Oas resilles. No	
30B or childring to chest.	
Caries rumbress Hiraling.	
ORDERS, MEDICATION, etc.	
Aicetuatur in con	the
ED (M)	0
Proper sadat to	- ICDP MD
Serion To taps	po 12D x 4 days
DIAGNOSIS	. ,
INSTRUCTIONS TO PATIENT	
RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERR	ED TO 10 DOC CONDITION ON DISCHARGE DAMBULANCE SATISFACTORY POOR
0[109183 +	☐ ☐ FAIR ☐ CRITICAL
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATU	RE DATE CONSULTATION
PATIENT'S NAME (DET, FIRST, MIDDLE)	AGE DATE OF BIRTH R/S AIS #
Doyd, Comprey	22 B/m 208921
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ADMISSTION DATE 1 /20 /04 TIME ORIGINATING FACILITY OSIR OPDL OSCA	PEE TO COMPOSE SICK CALL DEMERGENCY DOUTPATIENT
ALLERGIES NAA	CONDITION ON ADMISSION □SHOCK □ HEMORRHAGE □ COMA
VITAL SIGNS: TEMP 971 ORAL RESP. 20	PULSE /6() B/P /56 RECHECK IF SYSTOLIC / <100> 50
NATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION # BURN XX FRACTURE Z LACERATION / SUTURES
S. In having chest pan et stonach	
(D. Caught Backers a) Bull	
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	PROFILE RIGHT OR LEFT
	On AAA
PHYSICAL EXAMINATION	1/1 1/1 . (\\ NIII) . (\\
D' Answ in HOU 5 dept. She who	
totoven. Respreg clase. Cloyain	
Dan for Stomach due to bacteria Sty	RIGHT OR LEFT
Varieted blood Cashniet. Conthement	
Last BM. hings clear. Prachaty	ORDERS / MEDICATIONS / IV FLUIDS TIME BY
par.	P: ND to Levier T Brille 1
	ce An tr person
	Phula T RID 1944
A. Alt health maule	2 30 duy / Mile
DIAGNOSIS	
INSTRUCTIONS TO PATIENT	
DISCHARGE DATE DISCHARGE DATE TIME TIME AM RELEASE/TRANSFERRE AM RELEASE/TRANSFERRE	D TO DOC CONDITION ON DISCHARGE SAMBULENCE SATISFACTORY DOOR
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE	☐ ☐ ☐ ☐ ☐ ☐ CRITICAL E DATE CONSULTATION
D. Hanger LPL (1290) INMATE NAME (LAST, FIRST, MIDDLE)	10 DOB R/S FAC.
Boyd, Courtmen	208921 13/m Elmo
301	Pour



NCORPORATED .		
ADMISSTION DATE 12 /22 /03 95 AM ORIGINATING FACILITY SIR □ PDL □ ESCA		DEMERGENCY
ALLERGIES NICH	CONDITION ON ADMISSION DGOOD FAIR POOR SHOCK HEN	ORRHAGE COMA
VITAL SIGNS: TEMP 97.5 DRAID RESP. 19	PULSE 49 B/P/20,78	RECHECK IF SYSTOLIC / <100> 50
NATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION # BURN XX FRACTURE	
5 - "I caught hacteria at Bible Co.		SUITURES
lan taking Zantuc & Percogesic. It		
started back in March. It causes		
my Chest W heat.		7
	10,000	
		}
	PROFILI	RIGHT OR LEFT
		0.00
	I/A AVA TAL ORBA	TIP 9
PHYSICAL EXAMINATION	1/1/ \\//\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
O- ambulated into How 3 deg.		$/$ \setminus $/$
ago x 3. Skin w/A to the touch		
responent en et unlaborel Capilla	# / \	GHT OR LEFT
refill = 3 seconds 4 SOB noted Odlaphranis		
Of rail to have divise tail should	ORDERS / MEDICATIONS / IV FLUIDS	TIME BY
areas.	P-1) M. D D review	
	2). Duy up for sick	
	Call as needed.	
A Patrict in a contract		
A- alteration in Comfait DIAGNOSIS	J	1
INSTRUCTIONS TO PATIENT		
		4/2
DISCHARGE DATE 12 A2 03 1 A PM RELEASE / TRANSFERRE	☐ AMBULENCE ☐ SATISFACTORY ☐	GE] POOR] CRITICAL
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE		
INMATE NAME (LAST, FIRST, MIDDLE)		R/S FAC.
Bayd, Courtney	20892/ B,	n 208921
· · · ·		

ADMISSTION DATE 12 / 11 / 03 / SO AM ORIGINATING FACILITY OSIR OPDL OSIG	
ALLERGIES NA	CONDÍTION ON ADMISSION DEGOOD FAIR POOR SHOCK HEMORRHAGE COMA
VITAL SIGNS: TEMP 97 8 CORAL RESP. 20	PULSE \$6 B/P 122 90 RECHECK IF SYSTOLIC / <100> 50
NATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION # BURN XX XX FRACTURE Z LACERATION / SUTURES
Pains X 3 days	
	PROFILE RIGHT OR LEFT
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PHYSICAL EXAMINATION	TA AVA AVA
(a) Innate walked SciFto HCY	II FILL Y
alect + vebally Responsive	
Jamate Planined Clo Pain	RIGHT OR LEFT
when Left arm lifted	
(A) AH. Comfort	Mix tox Ti tabs Ro row 12,100 Hz
DIAGNOSIS	
INSTRUCTIONS TO PATIENT	
INSTRUCTIONS TO PATIENT	rd)tions worsen
DISCHARGE DATE NURSE'S SIGNATURE DISTRUCTIONS TO PATIENT TIME RELEASE / TRANSFERR PH PH PHYSICIAN'S SIGNATURE	ALD CONDITION ON DISCHARGE AMBULENCE LEATISFACTORY POOR CRITICAL
INSTRUCTIONS TO PATIENT ACTION TO HOUTE (0) DISCHARGE DATE 12 /11 / 03 /2 / 15 AM PP. RELEASE / TRANSFERR	AT HUNS (JUNS CA) RED TO DOC CONDITION ON DISCHARGE BATISFACTORY POOR CRITICAL

EMERGENCY (OTHER) TREATMENT RECORD

DATE TIME FACILITY	3.6 DEMERGENCY
11-2-03 9:05 AM SIR PDL DE	
	CONDITION ON ADMISSION
ALLERGIES NKA	GOOD FAIR POOR SHOCK HEMORRHAGE COM
VITAL SIGNS: TEMP 97, 9 ORAL RESP. 4	PULSE 63 BIP 120180 SYSTOLIC
NATURE OF INJURY OR ILLNESS	< 100 > 50
NATURE OF INJURY OF ILLNESS	ABRASION/// CONTUSION # BURN XX FRACTURE Z LACERATION/ SUTURE
(S) My hazet started strugge	9,
Started Pain shooting through	
it if luttering, My stomach	
Lugies at Course my man	
TO STAVING TO CONCORD MICH	
Caunif and I grant myself.	
PHYSICAL EXAMINATION Delivery to the Conference of the Conference	1211-112 2111/11/
Next of 2 Chia Will to found	Twil / with
Reconstitution of the same	
Joa Wille Orgate 99 Mg. Capilla	ra TYY
545.11 = 302coods lungs class	
to sugcultation. No stute dig	
frath notad	
(A) Altared Mantal Status - com	erns
ORDERS, MEDICATION, etc.	
(2) ma + P-1, = == 1 N	7) [7]
(1) Honit Kalzaga to VC	
(E) Chack nawglattav	For DIPT
To way of the state of	Supplied
DIAGNOSIS	
INSTRUCTIONS TO PATIENT	
RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERRE	☐ AMBULANCE ☐ SATISFACTORY ☐ POOR
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE	☐ ☐ FAIR ☐ CRITICAL RE DATE CONSULTATION
John Binchamed 11-2-03 Dett, a	f 11/363
PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIRTH R/S AIS#
Boyd, Cortney	21 m 208921

Case 2:06-cv-00511-WKW-CSC Document 28-9 Filed 08/24/2006 Page 25 of 50 ARTMENT OF CORRECTIONS

____ TREATMENT RECORD EMERGENCY/__ (OTHER)

DATE TIME FACILITY SI		(S-EMERGENCY
	SCAPEE DIMETE	OTHER
1 ()	CONDITION ON ADMISSION	
ALLERGIES N (A	GOOD FAIR POOR S	SHOCK HEMORRHAGE COMA
VITAL SIGNS: TEMP OF A RECTAL RESP.	PULSE 74 B/P 120/	RECHECK IF SYSTOLIC <100 > 50
NATURE OF INJURY OR ILLNESS	ABRASION/// CONTUSION # BURN	XX FRACTURE Z LACERATION
3 My heart's been fluttering		xx Z SUTURES
S) My heart's been Huttering		
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	/	
	/ () ' () \	$\langle \langle \langle \langle \langle \rangle \rangle \rangle \rangle \rangle$
ONDERS Nogete distress	1211	21111
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Tissue ture pre-worl: Cap rehill to		
mil pads-wall; Bilat ecual and)()(
Shin intact 5 3/s of traumal		
iciury Ald soft / Round/mondistr.	rded.	Euch Com
Boull sounds present x4 quads	· Voiding freel	is 40 some
CONSULATION DOOLLANS, MA	We steader ca	il.
Walt in comfort.		
(P) M. review. Instructed &	bly down an	drest when heart
futles told intake, exercise	40 1 para stolesis; as	void spicy, greasy,
DIAGNOSIS JOHNING JOHNS.		
Dinationio		
INSTRUCTIONS TO PATIENT		
	man man	
RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERR		ON ON DISCHARGE FACTORY D POOR
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATU	RE DATE CONSULT	☐ CRITICAL ATION
Skinner und Dom Com	11/363	
PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIRTH	R/S AIS#
Boud Courtne	21	- Rya 2089>1
- Je offi Court is the	VELLOW TRANSCER ACENT	

DATE TIME FACILITY BIBB		D-EMERGENCY	
10/31/03 8:05 AM SIR -PDL -ESCAPEE -		OTHER	
ALLERGIES NKA	_	CONDITION ON ADMISSIO	N OR □SHOCK □HEMORRHAGE □COMA
VITAL SIGNS: TEMP 97.7 OB	CTAL RESP. 18	PULSE_ <i>[66</i> B/P	120182 RECHECK IF SYSTOLIC
NATURE OF INJURY OR ILLNESS	_	ABRASIONIII CONTUSION	<100 > 50 # BURN XX FRACTURE Z LACERATION/ xx FRACTURE Z SUTURES
Shorp points, FEEL	been fluttering		A SUIGNES
Sharp pairs, FEEL	IKE gAS"		
O) CLWAKE, AlExt, on	enked x 3. 40 40 dats in eyes	/ / i /	
Skin WD to touch	wall & 40		
Sweats / numbress ; N PHYSICAL EXAMINATION	extremities. Last		
B/m 10/31/03 Staked	was wormal, Urina	1901) / Iu	
S any problem. CAR	reh// 2 3 See.		
Skin tugor readily res	tormed. Applament	777	
quado MAEU	so present to X I		
(A) A. 16 Par 91-	1-00 1:		
of the heart	Jiotkohir pumping		En Com
ORDERS, MEDICATION, etc.			
(P) Refer Jacket : Immete to MI)			
(K) heft infirmary 3 any education - REFLUED TX.		Refued TX.	
)		
DIAGNOSIS			
INSTRUCTIONS TO PATIENT	<i>-</i> 0:		
RELEASE/TRANSFER DATE TIM		TX D TO 12-DOC C	ONDITION ON DISCHARGE
10/31 /03 8149	AM PM	☐ AMBULANCE ☐	SATISFACTORY POOR CRITICAL
111111111111111111111111111111111111	ATE PHYSICIAN'S SIGNATUR	DATE C	ONSULTATION
PATIENT'S NAME (LAST, FIRST, MIDDLE)	1	AGE DATE OF B	IRTH R/S AIS#
Boyd Courtney			9m 208121

EMERGENCY/ TREATMENT RECORD

TIME FACILITY		⊠EMERGENCY
SIR PDL ESCAPEE		□ OTHER
ALLERGIES NICA	CONDITION ON ADMISSION	□ SHOCK □ HEMORRHAGE □ COMA
VITAL SIGNS: TEMP 965 ORAL RESP. 18	PULSE 95B/P	RECHECK IF
NATURE OF INJURY OR ILLNESS	SA+5 9670	<100 > 50
	ABRASION/// CONTUSION # BI	JRN XX FRACTURE Z LACERATION/ XX SUTURES
B'my Chest horts'		
	/\ i \\	
PHYSICAL EXAMINATION (D) I'm presents & Clo breathing difficulty booky shaking, responds to werbal commands		The state of the s
acyanotic lupoctA, Abd soft, BS X gird.	 	
peripheal pulses present responds to all		<i> </i> (\ \
physical stimuli		
, ,),(),(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
A potential Gov alteration in confort		
ORDERS, MEDICATION, etc.		
P 23° observation		
C OOSE! VATION		
Ei Clear has been asking 1	to be releaser	L All morning
Ei Client has been asking to states " I feel much better" will be released to population	U/S 97.10-8	28 180 122/761,97
will be released to sopulation	When time &	nstructed to report
to Shift office - Iplane	2/2	
DIAGNOSIS		
INSTRUCTIONS TO PATIENT		
RELEASE/TRANSFER DATE TIME (RELEASE/TRANSFERRE	DTO (1.80C CONDI	JION ON DISCHARGE
RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERRE 10 124 103 25 AM NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE		ISFACTORY POOR
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE		ULTATION
PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIRTH	R/S AIS#
Boyd, Courtney	21	B/M 208921



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ADMISSTION DATE ORIGINATING FACILITY ORIGI	APEE D POUT - SICK CALL DEMERGENCY
ALLERGIES ALCOA	CONDITION ON ADMISSION CONDITION ON ADMISSION
VITAL SIGNS: TEMP 9 9 ORAL RESP. 20	PULSE 78 B/P 26,78 RECHECK IF SYSTOLIC / <100> 50
NATURE OF INJURY OR ILLNESS S O O O O O O O O O O O	ABRASION /// CONTUSION # BURN XX FRACTURE Z LACERATION /
pan et con & stay working	
on the farm.	
	PROFILE RIGHT OR LEFT
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PHYSICAL EXAMINATION	MAN WATER
D. AJOX3 Skinwlototouch	
Classes Donner in 5 def.	
Full Bom noked.	RIGHT OR LEFT
	ORDERS / MEDICATIONS / IV FLUIDS TIME BY
	R. MD/P.A. Yosevira
	2) May return to work
	J Hay refugt VO WOLK
A. All content	
DIAGNOSIS	
INSTRUCTIONS TO PATIENT	
DISCHARGE DATE TIME RELEASE / TRANSFERRE AM PM	D TO BOOC CONDITION ON DISCHARGE D AMBULENCE SATISFACTORY D POOR D FAIR CRITICAL
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE DIANT MILE SIGNATURE	
INMATE NAME (LAST, FIRST, MIDDLE)	DOC# DOB R/S FAC
Boin Inworking	2018721 - Jan Jan



ADMISSION DATE TIME ORIGINATING FACILITY	
S RY CY 409 PM SIR OPDL DESC.	OUTPATIENT
ALLERGIES NKA	CONDITION ON ADMISSION GOOD FAIR POOR SHOCK HEMORRHAGE COMA
VITAL SIGNS: TEMP 99 1 ORAL RESP. 2	PULSE & B/P / 00 62 RECHECK IF SYSTOLIC / 100> 50
NATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION # BURN XX FRACTURE Z LACERATION / SUTURES
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cold Tissue on it to Tu	
And get the Swellin Davin	() ()
my Vision is Serry 1	
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PHYSICAL EXAMINATION	//) (\'\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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O Sharel Swell	
E 10 P - 0 0 1 0	Alght or Left
med Steph	0000
Ved w Applorance U	
	ORDERS / MEDICATIONS / IV FLUIDS TIME BY
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	* tot quel vous.
P O Company	4
· Cook compress VAN	
(2) VO Benedryl 25mg	
Vo Tul XI day	
DIAGNOSIS	
INSTRUCTIONS TO PATIENT	0
	C
DISCHARGE DATE TIME RELEASE / TRANSFERREI AM PM	□ AMBULANCE □ SATISFACTORY □ POOR \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE	DATE CONSULTATION
(Ill home of 1/24/04)	5/24/04
INMATE NAME (LAST, FIRST, MIDDLE)	DOC# DOB R/S FAC.
BOYD, COURTNEY JAMES	208921



ADMISSION DATE TIME ORIGINATING FACILITY STANDARD ORIGINATING FACILITY SIR DPDL DESCA	
7 7 7 7 1	CONDITION ON ADMISSION
ALLERGIES NKA	19-GOOD □ FAIR □ POOR □ SHOCK □ HEMORRHAGE □ COMA
VITAL SIGNS: TEMP 979 OPAL RESP.	18 PULSE 85 B/P/80/60 RECHECK IF SYSTOLIC / <100> 50
NATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION # BURN XX FRACTURE Z LACERATION / SUTURES
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to My (L) EyE'I	
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	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	PROFILE RIGHT OR LEFT
	() () and BAA
	1 //
PHYSICAL EXAMINATION	
Of Swolen Spoten B Eye	
Shirt and - Ilmpel.	RIGHT OR LEFT
3 6 Eys Selecuit to bilit	300
@ VISion CR - @ EyE 20/100 @ 20/40	ORDERS / MEDICATIONS / IV FLUIDS TIME BY
A Alteration is Cossilott	CON (1022) X
	(1) To make
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O Co Comen	OSKY COM CXIV. PENO :1
Grantine Ice to WEYE PRI	By Cop Many S
DIAGNOSIS	The second
	John July
INSTRUCTIONS TO PATIENT Contine I've Tex per	Hersil 1
DISCHARGE DATE TIME RELEASE / TRANSFERRE	D TO 1000C CONDITION ON ON THA RGE OF CONDITION ON ON THA RGE OF CONDITION ON ON THA RGE OF CRITICAL O
NURSE'S SIGNATURE DATE PHTSICIAN'S SOCIATURE	DEFAIR CONSULTATION
e han 2 5/27/04) SII penn	W ADAM
INMATE NAME (LAST, FIRST, MIDDLE)	DOC# DOB R/S FAC.
Boun Guntrey	208921 Staton



S /19 /04 2 AM SIR OPDL OESC	APEE COTORN OUTPATIENT
ALLERGIES KKPA	CONDITION ON ADMISSION □ GOOD □ FAIR □ POOR □ SHOCK □ HEMORRHAGE □ COMA
VITAL SIGNS: TEMP 977 ORAL RESP. 20	PULSE \$2 B/P 1/2 / 74 RECHECK IF SYSTOLIC / <100> 50
NATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION # BURN XX FRACTURE Z LACERATION / XX SUTURES
S: My Lower back is husting!	
V	
	() ()
	PROFILE RIGHT OR LEFT
	A A A A A A A A A A A A A A A A A A A
	MAN AVA TO SAFA
PHYSICAL EXAMINATION ATO X 3 AND X 10 S d. L. Str. WO	
to-touch Resprey Clover	
Able to touch toes pain voiced .	RIGHT OR LEFT
spasmy noted.	
	ORDERS / MEDICATIONS / IV FLUIDS TIME BY
	P: ND/PA to souse
	2) Sign up Jor Sick if were
	3) Return to fam
A Alfanda	
H. ALT CONJORT	
INSTRUCTIONS TO PATIENT	
DISCHARGE DATE TIME RELEASE/TRANSFERRE	D TO DEOC CONDITION ON DISCHARGE
NURSE SIGNATURE SOURCE SIGNATURE DATE PHYSICIAN'S SIGNATURE DATE PHYSICIAN'S SIGNATURE DATE PHYSICIAN'S SIGNATURE PHYSICIAN'S SIGNA	AMBULANCE DESTISFACTORY POOR FAIR CRITICAL CONSULTATION
INMATE NAME (LAST, FIRST, MIDDLE)	DOC# DOB R/S FAC.
Boud Courtier	208921 B/M State
COULT HUNANIA	I WOULD INTERPRETATION OF THE PARTY OF THE P

STATON CORRECTIONAL CENTER RECEIVING SCREENING FORM

INMATE'S NAME: Due + Ney Boy of AIS#208921	DATE: 5-10-04
TIME: 8:30 DOB: OFFICER:	Keypnick
Booking Officer's Visual Opinion	
1. Is the inmate conscious?	YES NO
2. Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services?	
3. Are there any visible signs of trauma or illness requiring immediate emergency treatment or doctor's care?	
4. Any obvious fever, swollen lymph nodes, jaundice, or other evidence of infections which might spread through the institution?	
5. Is the skin in poor condition or show signs of vermin or rashes?	
6. Does the inmate appear to be under the influence of alcohol or drugs?	
7. Are there any visible signs of alcohol or drug withdrawals? (extreme perspiration, shakes, nausea, pinpoint pupils, etc.)	
8. Is the inmate making any verbal threats to staff or other inmates?	
9. Is the inmate carrying any medication or report that he is on any Medication which must be continuously administered or available?	
10. Does the inmate have any obvious physical handicaps?	
Are you presently taking medication for diabetes, heart disease, seizure, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder.	er?
12. Do you want to talk to a mental health counselor? a. Did inmate respond?	
3. Do you have epilepsy?	
4. Do you have any medical problems we should know about?	
FOR THE OFFICER: (circle action) 5. The inmate was: A: Released for normal processing. B: Referred to appr C: Immediately sent to health care unit	opriate health care unit.
Coevethe Rus	1 Kl
INMATE'S SIGNATURE/AIS # OFFICER'S	SIGNATURE



RELEASE OF RESPONSIBILITY

Inmate's Name: Boyol Courtey	
Date of Birth:	Social Security No.:
M. 1	(17) AM
	Time: P.M.
This is to certify that I, Boyd Cou	
This is to certify that I, 1304d Cou	R 1764, currently in
	Print Inmate's Name)
custody at the	, am refusing to
(Print Fac	ility's Name)
accept the following treatment/recommendations:	Sick Call
2000pt and the original processing to commence the control of the	(Specify in Detail)
involved in refusing them. I hereby release and agree to hold he	erstand the above treatment(s)/recommendation(s) and the risks armiess the City/County/State, statutory authority, all correctional I from all responsibility and any ill effects which, may result from this welfare.
(Signature of Inmate)**	CHAIL- South 4.
*M. S. William COT	
(Wilness)	(Witness)

^{**}A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.



ADMISSTICN DATE TIME ORIGINATING FACILITY SIR PDL DESCA	
ALLERGIES NKA	CONDITION ON ADMISSION ☐ GOOD ☐ FATR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA
VITAL SIGNS: TEMP 98,5 ORAL RESP. 20	PULSE 80 B/P 110, 80 RECHECK IF SYSTOLIC / <100> 50
NATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION # BURN XX FRACTURE Z LACERATION / SUTURES
S-Short of french no prin	
	PROFILE RIGHT OR LEFT
PHYSICAL EXAMINATION	NAA NAA
10 5/5 5 distant with. Og sot	RIGHT OR LEFT
A Ald Ca h. A livel C/T	ORDERS / MEDICATIONS / IV FLUIDS TIME BY
some.	
0-	
DIAGNOSIS	
INSTRUCTIONS TO PATIENT	T 1-2+ 111.1
DISCHARGE DATE TIME RELEASE / TRANSFERRE	□ AMBULENCE □ SATISFACTORY □ POOR
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE	□ □ FAIR □ CRITICAL
INMATE NAME (LAST, FIRST, MIDDLE)	DOC# DOB R/S FAC.
Raul Ct Cont.	208921 R KCF



ADMISSTION DATE TIME ORIGINATING FACILITY AM PM ORIGINATING FACILITY OSIR PDL ESCA	PEE OOUTPATIENT
ALLERGIES MA	CONDITION ON ADMISSION ☐ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA
VITAL SIGNS: TEMP 98,8 ORAL RESP. /8	PULSE 76 B/P 110/70 RECHECK IF SYSTOLIC / <100> 50
NATURE OF INJURY OR ILLNESS	ABRASION // CONTUSION # BURN XX FRACTURE Z LACERATION / SUTURES
5 - My Chest et back high	M 2 ===================================
O-Skiplift w/p Nest &	() \ () \)
MAD notes state ate	
Why practices, ONW	
Prusho Cho Cho Ch Mods	
1 Hx of Cardiae Probles	PROFILE RIGHT OR LEFT
MH ENDRIFT Unformed Mode Condan	to Alan NA
PHYSICAL EXAMINATION	
A- Of in Mary T	
Mark Harris	RIGHT OR LEFT
P- Dec MOM refused P	7000
Offer, NO further Mode	ORDERS / MEDICATIONS / IV FLUIDS TIME BY
l'are logue	ONDERIO / MEDIO A HONO / 11 FEBRUARY
DIAGNOSIS	
INSTRUCTIONS TO PATIENT INSTRUCTIONS TO PATIENT ON WO COND WASH	
DISCHARGE DATE TIME RELEASE TRANSFERRE AM PM	ED TO DOC CONDITION ON DISCHARGE SATISFACTORY POOR FAIR CRITICAL
NURSES SIGNATURE SALE PHYSICIAN'S SIGNATURE SALE PHYSICIAN'S SIGNATURE SALE PHYSICIAN'S SIGNATURE	
INMATE NAME (LAST, FIRST, MIDDLE)	DOC# DOB B/S FAC.



ADMISSTION DATE TIME OHIGINATING FACILITY SIR DPDL DESC.	APEE D DOUTPATIENT
ALLERGIES 11 V A	CONDITION ON ADMISSION GOOD FAIR POOR SHOCK HEMORRHAGE COMA
VITAL SIGNS: TEMP 7 ORAL RESP. ORAL	PULSE 48 B/P 110, 58 RECHECK IF SYSTOLIC / <100> 50
NATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION # BURN XX FRACTURE Z LACERATION / SUTURES
E) (El Hoto Stated frame	
Avery Jains Shroting to My Freat et Started to see lettle crange dot	
PHYSICAL EXAMINATION (O) PADO C. SCOLI AKIN WID +O STOTICH. O2 SCH 9840	PROFILE RIGHT OR LEFT
andrilating 5 assistance.	RIGHT OR LEFT
a this time. Signed any	
who fractions a diffuss.	ORDERS / MEDICATIONS / IV FLUIDS TIME BY
Colon woul for male the of	
A) Ast en conjet	
PUDIPA LE Reiseau	
DIAGNOSIS	
INSTRUCTIONS TO PATIENT HOURS PARE	MAPRIN
DISCHARGE DATE TIME AND RELEASE / TRANSFERE	RED TO BOOC CONDITION ON DISCHARGE GAMBU'LENCE BATISFACTORY POOR GAMBU'LENCE FAIR CRITICAL
NURSE'S SIGNATURE DATE PHYSICIAN SIGNATURE	
INMATE NAME (LAST, FIRST, MIDDLE)	DOCK DOB R/S FAC.



ADMISSTION DATE TIME ORIGINATING FACILITY OF SIR DPDL DES	TY CINCKLE)	☐ SICK CALL ☐ EMERGENCY ☐ OUTPATIENT
2/26/04 0 PM)	CONDITION ON ADMISSION	
ALLERGIES NKA		SHOCK DHEMORRHAGE COMA
VITAL SIGNS: TEMP 96 ORAL RESP.	DO PULSE 80 BA	P // / HECHECK IF SYSTOLIC / <100> 50
NATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION # BURI	N XX FRACTURE Z LACERATION / Z SUTURES
5 - My Chest has been hurting		
all yourkers	\parallel	
1) () (blat at H()) =	$\ () \ $	
d & De grant to 1 De Shire trees of		
NOOBERT & UND GENERALING		
The will to touch resp		£' Y
telase, devies N/V or		` '
Radiating pain (110,		PROFILE RIGHT OR LEFT
Active austress Moled		999
Up will by suc 7900	$1/\Lambda$ Λ	NAMA MARA
PHYSICAL EXAMINATION		
A- alteration in health		
Marit	$-$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	} '
0 0	11 2/16 11	RIGHT OR LEFT
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COR- RARS(M) SOME Rd 72	ORDERS / MEDICATIONS / IV FLUIDS	S TIME BY
hry - den		
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Ent no CCE		
Con h D WW young block made		
No Dingtoney in SOB, M when		
DIAGNOSIS DIE	7.11	
INSTRUCTIONS TO PATIENT		
		TOWN ON DISOURCES
DISCHARGE DATE TIME RELEASE / TRANSFE		ITION ON DISCHARGE TISFACTORY ☐ POOR R ☐ CRITICAL
NURSE'S SIGNATURE PHYSICIAN'S SIGNAT		ULTATION
INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB R/S FAC.
12 / A / an /.	hought	S/a Slund



EMERGENCY STATE

ADMISSION DATE ORIGINATING FACILITY ORIGINATING FACILITY ORIGINATING FACILITY ORIGINATING FACILITY ORIGINATING FACILITY	PEE SICK CALL EMERGENCY OUTPATIENT
ALLERGIES NICA	CONDITION ON ADMISSION GOOD GRAIR POOR SHOCK HEMORRHAGE COMA
VITAL SIGNS: TEMP Q CRAL RESP. 20	PULSE 50 B/P 20 / 8 RECHECK IF SYSTOLIC / <100> 50
NATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION # BURN XX FRACTURE Z LACERATION / xx FRACTURE Z SUTURES
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I not my ruse + It was been and	
ClothA.	() ()
	1 1 5 5 6 6 5 6 1 1 1 1 1 1 1 1 1 1 1 1
	PROFILE RIGHT OR LEFT
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-	I A AVATAL ABBA PAVAR
PHYSICAL EXAMINATION	
Develing noted to prisult	
Raised area noted under Rouge	RIGHT OR LEFT
VS WNZ. Daute distressing	0 90 00
Ocuts or brusses noted on face.	ORDERS / MEDICATIONS / IV FLUIDS TIME BY
A-altin confort.	Tylen/325me; ave
	for NA 455 Am by Cleunson
1- Will give Tyling 325mg	
for the torward for the to heve	N 20/
DIAGNOSIS	01.1010
INSTRUCTIONS TO PATIENT	
DISCHARGE DATE 10/11/04 TIME AMELEASE / TRANSFERRED PM AMELEASE / TRANSFERRED AMELEASE / TRANSFE	D TO DOC CONDITION ON DISCHARGE AMBULANCE FAIR CRITICAL
NURSESSIONATURE DATE PHYSICAN'S SIGNATURE	CONSULTATION
INMATE NAME (LAST FIRST, MIDDLE)	DOC# DOB R/S FAC.
I MAN LANGETHELL	2089 Blm State

PHS		
PRISON HEALTH SERVICES MICHAPOPATED	GENCY	
ADMISSION DATE TIME AM ORIGINATING FACILITY OSIR OPDL OESCA	DEE O	ALL DEMERGENCY OUTPATIENT
ALLERGIES N) A	CONDITION ON ADMISSION	HEMORRHAGE □ COMA
VITAL SIGNS: TEMP OPAL RESP. OPAL RESP.	PULSE 80 B/P (10) (0)	RECHECK IF SYSTOLIC / <100> 50
NATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION # BURN XX FRACTUR	7 LACERATION/
D- THE LEGISTIC THE MISTON		
told me if Ptopts was		
to come arr	Suelly	~
	Na Half Ste	
		<i>Y</i> \
		\
	PRO	FILE RIGHT OR LEFT
	I /A A /A A A A A A A A A A A A A A A A	A PARA
PHYSICAL EXAMINATION	111 1111	
- Think Subject thinks		
noted and eug. Office		RIGHT OR LEFT
poted. Ownson, Ed.	20000	night OR LEFT
Or a moderate Contilleguesas	QRDERS / MEDICATIONS / IV FLUIDS	TIME BY
P-ACP to beview		
DIAGNOSIS		
INSTRUCTIONS TO PATIENT		
DISCHARGE DATE TIME AM HELEASE TRANSFERRED	OTO CIDEC CONBITION ON DISCHA	ARGE
NORSE'S SIGNATURE DATE PHYSICAMASIGNATURE	AMBULANCE SATISFACTORY DEAIR CONSULTATION	CRITICAL
INMATE NAME (LAST, FIRST, MIDDLE)	DOC# DOB	R/S FAC.
1 World Hopfin Michael	AMOND R	m Stater



ADMISSION DATE TIME ORIGINATING FACILITY	
ALLERGIES NICA	CONDITION ON ADMISSION GGOOD FAIR POOR SHOCK HEMORRHAGE COMA
VITAL SIGNS: TEMP 98.3 ORAL RESP. 20	PULSE 74 B/P 110, 70 RECHECK IF SYSTOLIC / <100> 50
NATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION # BURN XX FRACTURE Z LACERATION / SUTURES
or my face."	
, 0	
	PROFILE RIGHT OR LEFT
	A A CATA GAD RAAD
PHYSICAL EXAMINATION	I () () () () () () () () () () () () ()
ato x 3 April W/N to the touch.	
respo even et unlabored. nated	RIGHT OR LEFT
Musper Cherk aren. Dactue	2000
drawage, noted cousint.	ORDERS / MEDICATIONS / IV FLUIDS TIME BY
	P-D HCP to review
A- actuation in Confort	
O1 94%	Ugt 15.3
DISCHARGE DATE TIME RELEASE / TRANSFERRE	
10 / 08 / 04 PM NURSE'S SIGNATURE DATE PHYSIGIAN'S SIGNATURE	☐ ☐ FAIR ☐ CRITICAL
Mustin 40 10/08/04 Tuses to	DOC# DOB R/S FAC.
Roul Chat	219921 Bin Hita



ADMISSION DATE TIME ORIGINATING FACILITY 10 / 8 / 0 4 4 50 AM SIR PDL SEC	
ALLERGIES NKDA	CONDITION ON ADMISSION 2-GOOD
VITAL SIGNS: TEMP 974 ORAL RESP. 24	PULSE 8 B/P (6) 80 RECHECK IF SYSTOLIC /
NATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION # BURN XX FRACTURE Z LACERATION /
So I went well to bed andmy	x Z SUTURES visit aven \(\frac{3}{5} \) \(\text{Ler} \), visit \(\text{Sweller} \),
The was OK. I got up the morne	red 3 heat
think it is a spider bite. There's	() ()
lots of them -	
	PROFILE RIGHT OR LEFT
	AAA OOO AAA
PHYSICAL EXAMINATION PAGE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MATERIAL STATES
O-Noted Rtcheef = road rues	
13" XI"ELDRES notal Daven.	
Glemansted - No heat noted to area	RIGHT OR LEFT
meder side of raised area no	700
point of entry noted & raisofacon	ORDERS / MEDICATIONS / IV FLUIDS TIME BY
(A) alteration in sheri	10/8/04 clean area SP 505 gd
(P) HE THO BIDX 3 Kay	cheek + aggle TAO
	BIDX3 day.
DIAGNOSIS	
INSTRUCTIONS TO PATIENT Keep bands III wear 10	egst clear Iweiladay clean
DISCHARGE DATE OU O TIME RELEASE/TRANSFERRE	D (D) ELDOS CONDITION ON DISCHARGE V (U
NUBSES SIGNATURE DATE PHYSICIAN'S SIGNATURE	DATE CONSULTATION
Dansa RN Hass time	Pup 11-8-04
INMATE NAME (LAST, FIRST, MIDDLE)	DOC# DOB R/S FAC.
Bound Countrion	20 892 Bm 50.



Attachment E, IMPP 10-127 Effective 3-22-91

DOC # 010-127-004

DEPARTMENT OF CORRECTIONS

REFUSAL TO SUBMIT TO TREATMENT

I have been advised by Medical Staff that it is necessary for me to undergo the following treatment: **Bollian with the properties of th	Date:	2/24/04		_ Time:	1 2 5	<u>A.M.</u> P.M.
The effect and nature of this treatment have been explained to me. Although my failure to follow the advice I have received may seriously imperil my life or health, I nevertheless refuse to submit to the recommended treatment. I assume the risks and consequences involved and release the above named-Medical Personnel, the Story HCLL (Name of Facility) and its agents and employees from any liability. Inmate: Date: Algorithm Da	that it is ne	ecessary for me to undergo the follow	ving treatment:			
nevertheless refuse to submit to the recommended treatment. I assume the risks and consequences involved and release the above named Medical Personnel, the Staten HCU (Name of Facility) and its agents and employees from any liability. Date: Z / / / / Witness: Janua D Date: 2/27/04 Doc# 010-127-004 INMATE NAME (LAST, FIRST, MIDDLE) DOC# DOB R/S FAC.						
nevertheless refuse to submit to the recommended treatment. I assume the risks and consequences involved and release the above named Medical Personnel, the Status HCU (Name of Facility) and its agents and employees from any liability. Date: Z D U Witness: Janua D Date: 2/27/14 Witness: Janua D Date: 2/27/14 Doc# 010-127-004	Although	n my failure to follow the advice I hav	e received may serious	sly imperil my	life or health	n, I
involved and release the above named Medical Personnel, the Staton ACU (Name of Facility) and its agents and employees from any liability. Date: Z-10-04 Witness: Janya Date: 2/27/04 Dote: 2/27/04 Dote: 2/27/04 Doce # 010-127-004						
Inmate: Declar Bay Date: Z-10-04 Witness: Jarya Date: 2/27/04 Dote: 2/27/04 Dote: 2/27/04 Dote: 2/27/04 Dote: 2/27/04 Dote: 2/27/04			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
Inmate: Date: Z-10-04 Witness: Janya Date: 2/27/04 Date: 2/27/04 Date: 2/27/04 Date: 2/27/04 Date: 2/27/04 Date: 2/27/04				(Name o	f Facility)	· · · · · · · · · · · · · · · · · · ·
Witness: Washin A. 1001 Date: 2/27/04 Witness: Janua O Date: 2/27/04 Doc# 010-127-004 INMATE NAME (LAST, FIRST, MIDDLE) DOC# DOB R/S FAC. STOP	and its age	ents and employees from any liability				
INMATE NAME (LAST, FIRST, MIDDLE) DOC# DOB R/S FAC.	Witness:		J.		18-04 22/04 2/27/0	4
80			DOC#	DOB	D/C	
1 tays couriney 208921 12/M Etimol	A (A +		DOB	R/S	SCC SCC
PHS-MD-70032 DOC # 010-127-004	PHS-MD-70032	Colliney	108921		n/m	Elmal



DEPARTMENT OF CORRECTIONS

RECEIPT OF MEDICAL EQUIPMENT/APPLIANCE FORM

		DW-ney Print Name)	130}	d					700	971	
		-							(Doc#)	·- · · · · · · · · · · · · · · · · · ·	
ack	KROV	wledge receipt o	f the follow	ving medica	al equipmen	it or applia	ince:				
											•
(.)	Splint									
()	Eyeglasses	•								
()	Dentures								•	
()	Prothesis	desc	ribe							
()	Wheelchair									- ,
. ()	Cane						•			
()	Crutches		1							•
` `X	$\dot{}$	Other	desc	iba B	ach	11	911	10			
/ la	ackn	owledge that th	e equipme	ent/applianc	e is function	nal for my	use.				
		acknowledge th									
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<u></u>	<u> </u>	male)		P	P	<u>></u> -	8-1	4-0	4	·	
	(m)	niale)	-	•			(Date)				
		1315	-/					1.01	. /		

1					
1	INMATE NAME (LAST, FIBST, MIDDLE)_	DOC#	DOB	R/S	540
1		0,00#	DOB	148	FAC.
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ļ	Loug, Collective	708571		18/100	500
		100/01		14/1/01	U/A/OU
	PHS-MD-70005 (White Medical File, Yellow Sec	unite di Dana a autor Office			,
	/ Time medical he, renow - Sec	unity Property Offic	er)	/	•



SPECIAL NEEDS COMMUNICATION FORM

Date: 8-13-04
To: Staton
From: HCU
Inmate Name: Boyd, Courtney ID#: 20892)
The following action is recommended for medical reasons:
1. House in
2. Medical Isolation
3. Work restrictions
4. May have extrauntil
5. Other
Comments: Back Brace X Comonths
Date: 8-13-04 MD Signature: Huss to CRNP Time: 1040



RELEASE OF RESPONSIBILITY

Inmate's Name: Cow they	boyd		
Date of Birth:	L	Social Security No.: 423 11450	
, , , , , , , , , , , , , , , , , , , ,		ime: 12:25	(A.M.) P.M.
This is to certify that I,	Courtney boyd	nt Inmate's Name)	, currently in
custody at the	ctator/		
accept the following treatment/re	ecommendations:	(Specify in Detail)	
involved in refusing them I hereb	y release and agree to hold harr s, Inc. and all medical personnel fr	stand the above treatment(s)/recommentess the City/County/State, statutory and any ill effects were fare.	futhority, all correctional
Execting 5 18 (Signature of	Hamm	((Signature of Medical Po	RV erson)
(Witne	ss)	(Witness)	

^{**}A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Nethres Bush Date of Request: 8-7-04	
ID# 268921 Date of Birth: Location: A-3-97	
Nature of problem or request: I have been having to back Problems. And	
I have lost lopund in wood the weeks, so I will need	
to get mis profite renew for my double tray. Also my Stomach	
Problemse Bull	
Signature	
DO NOT WRITE BELOW THIS LINE	
Date: AM PM RECEIVED	
Time: 205 AM PM Allergies: Date:	
Time:	
Receiving Nurse Intials	
(S)ubjective: In lost 2016s mally quick I track my	
my profile brenewd for soulle theup	
My stomach Starts Cremping & treat-	
(O)bjective (V/S): T: 98 P: 60 R: 20 BP: 90/60 WT: 16	Ò
normal appearance - Bound sounds heard to are 4 guads	
Skenturger good mucous memoranes mustared Jul Ran & back	
(A)ssessment: & auti distris	
alltration in comport	
(P)lan: MD to keview	
Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN	
CIRCLE ONE	
Check One: ROUTINE () EMERGENCY ()	
If Emergency was PHS supervisor notified: Yes () No () Was MD/PA on call notified: Yes () No ()	
Λ	
SMULIS AND TITLE	
SIGNATURE AND TITLE	

WHITE: INMATES MEDICAL FILE YELLOW- INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



RELEASE OF RESPONSIBILITY	
Inmate's Name: COURTNEY BOXD	
Date of Birth:S∞ial Security No.: ALS # 2089∂	
Date: 29 Jul Of Time: 850	P.M.
This is to certify that I, COURTNEY BOYD (Print Inmate's Name)	, currently in
custody at the STATON CORR FACULTY (Print Facility's Name)	, am refusing to
accept the following treatment/recommendations: NO SHOW FOR SICIC CALL	SCREENING
	•
I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendatio involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, maction/refusal and I personally assume all responsibility for my welfare.	ty, all correctional
involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authori personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, m	ty, all correctional
	Inmate's Name: COURTNEY BOXD Date of Birth: Social Security No.: ALS # 2089 a Date: 29 Jul of Time: 850 This is to certify that I, COURTNEY BOXD (Print Inmate's Name) custody at the STATON CORR FACULTY (Print Facility's Name)

^{**}A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.



SPECIAL NEEDS COMMUNICATION FORM

Date: 6/10/04		
To: States		
From: SHCC		
Inmate Name: Boyd Courtse, ID#: 26892/		
The following action is recommended for medical reasons:		
1. House in		
2. Medical Isolation		
3. Work restrictions		
4. May have extra until		
5. Other		
Comments: Back BRACE X 60 days		
Date: 4/10/04 MD Signature Druies All Smith Time: 30%		

PRISON HEALTH SERVICES MCORPORATED EMERGENCY			
ADMISSTION DATE D 24 04	Solon os	ENERGENCY DEMERGENCY	
ALLERGIES NKA	CÓNDITION ON ADMISSION	/ K □ HEMORRHAGE □ COMA	
VITAL SIGNS: TEMP ORAL RESP. /8		RECHECK IF SYSTOLIC / <100> 50	
NATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION # BURN XX FE	RACTURE Z LACERATION / Z SUTURES	
3-11 Pain started from my Mest			
4 mined V to my legs. Igot	(Lucion)		
	2000	() () () () () () () () () ()	
		ζ΄, ΄΄, ΄΄, ΄΄	
		` '	
		PROFILE RIGHT OR LEFT	
R. WOOAL EVALUATION	M. M. M.	AA MAA	
PHYSICAL EXAMINATION	The test of the second	190	
O-Escorted to HULL for ramplingt of chest paigs. Up sat 97%		RIGHT OR LEFT	
V/S WAL! TIESPINATIONS TRASE.	0000		
No nev or cuzzinges or diaphoresis	ORDERS / MEDICATIONS / IV FLUIDS	TIME BY	
A-Alteration in keel confort			
P-Do EKB,			
E-Hesults in normal limits			
INSTRUCTIONS TO PATIENT			
DISCHARGE DATE TIME RELEASE PRANSFERREI	TO DOC CONDITION ON SATISFACTO	DISCHARGE	
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